MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/677.93
FILING DATE 10-3-00
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
(1)	1					
2		1				
3		1				
4		1				
5		1				
6		1				
(7)	1					
8		1				
9		1				
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TOTAL IND.	5					
TOTAL DEP.	10					
TOTAL CLAIMS	15					

		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
		IND.	DEP.	IND.	DEP.	IND.	DEP.
51							
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